This page is a summary of over 12 oral or IV ferric carboxymaltose studies, illustrating the Pharmacodynamic and Pharmacokinetic profile of ferric carboxymaltose and the impact on the burden of illness of IV iron over time.

Ferric derisomaltose
Intravenous iron derivative

For patients ≥ 35 years for treatment of iron deficiency when oral iron preparations are not tolerated or insufficient to achieve the desired effect, or when oral iron is not suitable.
Please refer to the local prescribing information for full indications and posology.

IRONMAN outcome: The composite endpoint of total heart failure hospitalisations & CV death[1]

The composite primary endpoint did not meet statistical significance, however, pre-specified and sensitivity analysis showed clinical benefit

HFR: absolute risk reduction; CI: confidence interval; CV: cardiovascular; HF: heart failure; RR: rate ratio; RRR: relative risk reduction

Adapted from Kalra PR, et al[1]

The IRONMAN study design

IRONMAN: investigator-initiated, event-driven trial conducted across 70 UK hospital sites[1,2]

Prospective, randomised, open-label, blinded endpoint (PROBE) design

Objective: to evaluate the longer-term effects of ferric derisomaltose on CV events in patients with HF and iron deficiency

Patient-centred management: recurrent hospitalisations for HF and CV death

Prespecified safety endpoints: deaths and hospitalisations due to infection, adjudicated by an independent committee

Ferric derisomaltose dosing regimen:

Haemoglobin	Body weight <50 kg*	Body weight 50 – <70 kg	Body weight ≥70 kg
<10 g/dl	20 mg/kg	1000 mg	20 mg/kg up to max. 1500 mg
>10 g/dl	15 mg/kg	20 mg/kg	20 mg/kg up to max. 2000 mg
Redosing	Permitted if ferritin was <100 µg/l or if ferritin was <400 µg/l and TSAT was <25%		

*In trial setting, patients bodyweight was used for the patient group was lighter bodyweight. Therefore, a pragmatic approach was taken to ensure patients did not receive higher than the maximum licensed dose. The calculation based on the patient's weight.

Data on file. Vifor Pharma UK Limited. Ferric derisomaltose (Monofer®). Summary of Product Characteristics Pharmacovigilance procedures supplied of ferric derisomaltose and supported the trial with an established procedure (post Medical Monitor Service Greater Glasgow and Clyde and the University of Glasgow were responsible for the trial.

CV, cardiovascular; HF, heart failure; IR, randomisation; TSAT, transferrin saturation

1. Kalra PR, et al. Heart. 2022;108(24):1976-1982. 2. Kalra PR, et al. Lancet. 2022;400(10361):2199-2209. 3. Ferric derisomaltose SPC.

Pre-specified Covid-sensitivity analysis[1,2]

WHY

Restricted access
to treatment and hospital in person visits during the COVID-19 pandemic in 2020

FDA, EMA, and ESC guidance[3,4,5]
to include a sensitivity analysis to reduce the impact of the pandemic on the trial results

HOW

Including (91%)
Patients randomised up to March 31st 2020 (first UK lockdown) with a censoring date of September 30th 2020 (assumed that iron repletion would be maintained for at least 6 months)

Excluding (9%)
Patients randomised after April 1st 2020

1. Kalra PR, et al. Heart. 2022;108(24):1976-1982. 2. Kalra PR, et al. Lancet. 2022;400(10361):2199-2209. 3. Ferric derisomaltose SPC. 4. Committee for Medicinal Products for Human Use (CHMP). Guideline on clinical investigation of medicinal products in the treatment or prevention of COVID-19. EMA/CHMP/205844/2020. 5. Hiemstra TF, et al. Eur J Prev Cardiol. 2021;28(14):1965-1967. 6. Committee for Medicinal Products for Human Use (CHMP). Guideline on clinical investigation of medicinal products in the treatment or prevention of COVID-19. EMA/CHMP/205844/2020. 7. Ferric derisomaltose (Monofer®). Data on file. Vifor Pharma UK Limited. 8. Ferric carboxymaltose (Ferinject®). Data on file. Vifor Pharma UK Limited. 9. Ferric carboxymaltose (Ferinject®). Summary of Product Characteristics. Vifor Pharma UK Limited. 10. Ferinsure® (ferric carboxymaltose). Data on file. Sanofi-Aventis Ireland Limited. 11. Ferinsure® (ferric carboxymaltose). Summary of Product Characteristics. Sanofi-Aventis Ireland Limited. 12. Ferinsure® (ferric carboxymaltose). Data on file. Sanofi-Aventis Ireland Limited. 13. Ferinsure® (ferric carboxymaltose). Data on file. Sanofi-Aventis Ireland Limited. 14. Ferinsure® (ferric carboxymaltose). Data on file. Sanofi-Aventis Ireland Limited. 15. Ferinsure® (ferric carboxymaltose). Data on file. Sanofi-Aventis Ireland Limited.

Adverse events should be reported. Reporting forms and information can be found in the UK at www.yellowcard.mhra.gov.uk and in ROI at www.hpra.ie. Adverse events should also be reported to Pharmacosmos at pvuk@pharmacosmos.co.uk T: +44 1844 269 007

Ferric derisomaltose Pharmacosmos 100 mg/ml solution for injection/infusion Prescribing Information

DATE: Feb 2023
AREA COVERED: United Kingdom

Ferric derisomaltose Pharmacosmos 100 mg/ml solution for injection/infusion prescribing information

Note: Before prescribing please read full Summary of Product Characteristics. **Medicinal Product:** Ferric derisomaltose Pharmacosmos 100 mg/ml solution for injection/infusion. **Pharmaceutical form:** Ferric derisomaltose is a dark brown, non-transparent solution for injection/infusion. **Presentations:** Iron in the form of Ferric derisomaltose; 100 mg/ml available in vials of 100 mg/ml, 500 mg/5 ml and 1,000 mg/10 ml. **Indications:** Ferric derisomaltose is indicated in patients ≥18 years for treatment of iron deficiency when oral iron preparations are ineffective or cannot be used or when there is a need to deliver iron rapidly. The diagnosis must be based on laboratory tests. **Administration:** Each IV iron administration is associated with a risk of a hypersensitivity reaction. Thus, to minimise risk, the number of single IV iron administrations should be kept to a minimum. The iron need can be determined using either the Simplified Table, or the Ganzoni formula, or a fixed dose of 1,000 mg can be given to patients ≥50 kg body weight followed by re-evaluation for further iron need, please consult full Summary of Product Characteristics. Ferric derisomaltose may be administered as an IV bolus injection of up to 500 mg at an administration rate of up to 250 mg iron/minute up to three times a week, during a haemodialysis session directly into the venous limb of the dialyser under the same procedures as outlined for IV bolus injection, or as an up to 20 mg iron per kg body weight infusion. If the iron need exceeds 20 mg iron per kg body weight, the dose must be split into two administrations with an interval of at least one week. It is recommended whenever possible to give 20 mg iron/kg body weight in the first administration. Dependent on clinical judgement the second administration could await follow-up laboratory tests. Doses up to 1,000 mg must be administered over >15 minutes; doses above 1,000 mg must be administered over ≥30 minutes. In case of infusion, Ferric derisomaltose should be infused undiluted or diluted in 0.9% sodium chloride. For stability, Ferric derisomaltose should not be diluted to concentrations less than 1 mg iron/ml and never diluted in more than 500 ml. **Contraindications:** Non-iron deficiency anaemia, iron overload or disturbances in utilisation of iron, hypersensitivity to any of the ingredients, decompensated liver disease, or known serious hypersensitivity to other parenteral iron products. **Warnings/Precautions:** Parenterally administered iron preparations can cause hypersensitivity reactions including potentially fatal anaphylactic/anaphylactoid reactions. The risk is enhanced for patients with known allergies, a history of severe asthma, eczema or other atopic allergy, and in patients with immune or inflammatory conditions. Ferric derisomaltose should only be administered in the presence of staff trained to manage anaphylactic reactions where full resuscitation facilities are available (including 1:1000 adrenaline solution). Each patient should be observed for at least 30 minutes following administration. If hypersensitivity reactions or signs of intolerance occur during administration, the treatment must be stopped immediately. In patients with compensated liver dysfunction, parenteral iron should only be administered after careful benefit/risk assessment. Careful monitoring of iron status is recommended to avoid iron overload. Parenteral iron should be used with caution in case of acute or chronic infection. Ferric derisomaltose should not be used in patients with ongoing bacteraemia. Hypotensive episodes may occur if intravenous injection is administered too rapidly. Caution should be exercised to avoid paravenous leakage when administering Ferric derisomaltose. **Pregnancy:** Ferric derisomaltose use during pregnancy requires a careful risk/benefit evaluation. The treatment should be confined to second and third trimester only. In rare cases, foetal bradycardia has been observed in pregnant women with hypersensitivity reactions. The unborn baby should be carefully monitored during intravenous administration of parenteral irons in pregnant women. **Undesirable effects:** No very common (≥10 %) undesirable effects listed. Common undesirable effects (1 % to 10 %): nausea; rash; injection site reactions. For information on other undesirable effects, please consult full Summary of Product Characteristics. **Legal Category:** POM. **Package Quantities and basic Prices:** 5 vials of 1 ml, £84.75; 5 vials of 5 ml, £423.75; 2 vials of 10 ml, £339.00. **Marketing Authorisation Number/Holder:** PL 18380/001, Pharmacosmos A/S, Roervangsvej 30, DK-4300 Holbaek, Denmark. **Date of preparation:** February 2023. Further information is available on request to Pharmacosmos UK.

Monover® Prescribing Information

DATE: July 2022
AREA COVERED: Ireland

Monover® (ferric derisomaltose) prescribing information

Note: Before prescribing please read full Summary of Product Characteristics. **Pharmaceutical form:** Ferric derisomaltose is a dark brown, non-transparent solution for injection/infusion. **Presentations:** Iron in the form of ferric derisomaltose; 100 mg/ml available in vials of 100 mg/ml, 500 mg/5 ml and 1,000 mg/10 ml. **Indications:** Monover® is indicated in patients ≥18 years for treatment of iron deficiency when oral iron preparations are ineffective or cannot be used or when there is a need to deliver iron rapidly. The diagnosis must be based on laboratory tests. **Administration:** Each IV iron administration is associated with a risk of a hypersensitivity reaction. Thus, to minimise risk, the number of single IV iron administrations should be kept to a minimum. The iron need can be determined using either the Simplified Table, or the Ganzoni formula, or a fixed dose of 1,000 mg can be given to patients ≥50 kg body weight followed by re-evaluation for further iron need, please consult full Summary of Product Characteristics. Monover® may be administered as an IV bolus injection of up to 500 mg at an administration rate of up to 250 mg iron/minute up to three times a week, during a haemodialysis session directly into the venous limb of the dialyser under the same procedures as outlined for IV bolus injection, or as an up to 20 mg iron per kg body weight infusion. If the iron need exceeds 20 mg iron per kg body weight, the dose must be split into two administrations with an interval of at least one week. It is recommended whenever possible to give 20 mg iron/kg body weight in the first administration. Dependent on clinical judgement the second administration could await follow-up laboratory tests. Doses up to 1,000 mg must be administered over >15 minutes; doses above 1,000 mg must be administered over ≥30 minutes. In case of infusion, Monover® should be infused undiluted or diluted in 0.9% sodium chloride. For stability, Monover® should not be diluted to concentrations less than 1 mg iron/ml and never diluted in more than 500 ml. **Contraindications:** Non-iron deficiency anaemia, iron overload or disturbances in utilisation of iron, hypersensitivity to any of the ingredients, decompensated liver disease, or known serious hypersensitivity to other parenteral iron products. **Warnings/Precautions:** Parenterally administered iron preparations can cause hypersensitivity reactions including potentially fatal anaphylactic/anaphylactoid reactions. The risk is enhanced for patients with known allergies, a history of severe asthma, eczema or other atopic allergy, and in patients with immune or inflammatory conditions. Monover® should only be administered in the presence of staff trained to manage anaphylactic reactions where full resuscitation facilities are available (including 1:1000 adrenaline solution). Each patient should be observed for at least 30 minutes following administration. If hypersensitivity reactions or signs of intolerance occur during administration, the treatment must be stopped immediately. In patients with compensated liver dysfunction, parenteral iron should only be administered after careful benefit/risk assessment. Careful monitoring of iron status is recommended to avoid iron overload. Parenteral iron should be used with caution in case of acute or chronic infection. Monover® should not be used in patients with ongoing bacteraemia. Hypotensive episodes may occur if intravenous injection is administered too rapidly. Caution should be exercised to avoid paravenous leakage when administering Monover®. **Pregnancy:** Monover® use during pregnancy requires a careful risk/benefit evaluation. The treatment should be confined to second and third trimester only. In rare cases, foetal bradycardia has been observed in pregnant women with hypersensitivity reactions. The unborn baby should be carefully monitored during intravenous administration of parenteral irons in pregnant women. **Undesirable effects:** No very common (≥10 %) undesirable effects listed. Common undesirable effects (1 % to 10 %): nausea; rash; injection site reactions. For information on other undesirable effects, please consult full Summary of Product Characteristics. **Legal Category:** POM. Package Quantities: 5 vials of 1 ml; 5 vials of 5 ml; 2 vials of 10 ml. **Marketing Authorisation Number/Holder:** PA 0982/002/002, Pharmacosmos A/S, Roervangsvej 30, DK-4300 Holbaek, Denmark. **Date of preparation:** July 2022. Further information is available on request to Pharmacosmos UK.

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